Arkansas Abstracters Board of Examiners

2022 FIRM LICENSE RENEWAL FORM

FIRM INFORMATION
Firm Name: ________________________ License No. ______________
Firm Address: ________________________ P.O. Box: ________________
City: ______________________________ State: _______ Zip: _________
Email Address: ______________________ Phone #: ________________

Application Questions:

1. County(ies) in which applicant intends to operate:

2. Date of expiration of bond or liability insurance:
   **Please attach proof of acceptable bond or liability insurance; a license will not be issued without compliance with this requirement.**
   ___/___/____

3. Have any changes in the ownership or licensed personnel in your firm taken place since your last application?
   **If the answer is yes, please explain fully on reverse side of this form and supply copies of supporting documentation, as well as a list of all owners, partners, and/or members.**
   __ Yes __ No

4. Are the records of the firm posted to within 30 days of the current date?
   __ Yes __ No

Please list the names and email addresses of persons to receive individual license cards (only those now holding a license may be listed below).

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Signature of Owner ___________________________ Date _____________

Please mail renewal forms and fees to Arkansas Department of Labor and Licensing, Att: AAB Applications, 900 West Capitol Ave Suite 400, Little Rock, AR 72201. Firm license fees are $145.00 and individual license fees are $50.00. You must pay a firm license and individual license fee for each county you are renewing.

abstractorsboard.arkansas.gov